

CSEA LOCAL 1000  
AFSCME / AFL-CIO  
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**M E M O R A N D U M**

**TO: REGION, LOCAL AND UNIT TREASURERS**

**FROM: NICOLE MEEKS, STATEWIDE TREASURER**

**DATE: OCTOBER 2024**

**SUBJ: IRS FORM 990-EZ Line-by-Line Instructions and Completed Sample**

We are providing 990-EZ instructions to you because our records suggest that your Region/Local/Unit is most likely required to file a 990-EZ. To determine which form you should file, please see the separate instructions CSEA provided in this mailing for “General Instructions for IRS Forms 990, 990-EZ and 990-N e-Postcard” along with our “Which Form Should You File” flowchart.

**If you determine that you should be filing another IRS form such as the Form 990\* or the 990-N e-Postcard, please go to CSEA’s website [www.cseany.org](http://www.cseany.org), click on “For Members”/ “Officer Resources” and select the desired form or instructions from the drop-down list.**

\*CSEA does not provide line-by-line instructions for the Form 990 due to the complexity of the revised form.  
If you determine that you must file a Form 990, we recommend you seek the advice of a tax professional.

In addition to the CSEA website, you can obtain a copy of a Form 990 or 990-EZ at [www.irs.gov](http://www.irs.gov) or call the CSEA Statewide Treasurer’s office at (518) 257-1256.

**FORM 990-EZ MUST BE FILED IF:**

- a. Total gross receipts for the fiscal year were greater than \$50,000,  
**BUT** less than \$200,000
- AND**
- b. Total assets at the end of the year were less than \$500,000

**Need Help?**

CSEA strongly advises Regions, Locals and Units to seek the assistance of a tax professional to help prepare their return. For specific questions contact the CSEA Audit Department at (518) 257-1333. CSEA **CANNOT PREPARE** your return. For preparation assistance contact a CPA or tax professional.

## 990-EZ LINE-BY-LINE INSTRUCTIONS

Please refer to the CSEA “General Instructions” for additional information to complete and file the Form 990-EZ before proceeding with these line-by-line instructions.

### UPPER SECTION – ITEMS A THROUGH L:

**A** For the 2024 calendar year, or tax year beginning \_\_\_\_\_,20\_\_\_ , and ending\_\_\_\_\_,20\_\_\_

**Answer:** Complete the beginning and ending dates for the filing year. For CSEA subordinates it will be **October 1, 2023** and ending **September 30, 2024**.

**B** Check if applicable:

**Answer:** Mark a box **ONLY** if it applies – see below for an explanation of each box.

Address change – The mailing address of the Treasurer, as it is on file with CSEA, must be the address used on the Form 990-EZ. CSEA updates the Treasurer name and mailing address with the IRS every summer; therefore, **mark this box only** if the Treasurer has changed this fiscal year.

Name change – Mark only if the Local/Unit changed its legal name. Attach a conformed copy of the amended bylaws. **For most this is not applicable.**

Initial return – Mark **only** if this is the **very first** IRS Form 990 of any type being filed by your Local/Unit. **For most this is not applicable.**

Terminated – Mark only if the Local/Unit has ceased operations, and this is the final IRS Form 990 being filed. **For most this is not applicable.**

Amended return – Mark only if filing an amended Form 990-EZ to correct a previously filed Form 990-EZ **for Tax Year 2023**. **For most this is not applicable.**

Application pending – **Mark only** if the Local/Unit has lost its tax-exempt status with the IRS and is in the process of filing a Form 1024 with the IRS (with the assistance of CSEA) to regain its tax-exempt status. **For most this is not applicable.**

**C** Name of Organization

**Answer:** Enter the **full legal name** of the Region, Local, or Unit, per the following examples:

CSEA Region 6 Western  
CSEA Local 0002 Southern Tier State Employees  
CSEA Unit 0860-822401 Town of Mt Pleasant Blue Collar

Enter the **mailing** address of the Treasurer. The address used must match the official Treasurer address on file with CSEA.

D Employer Identification Number.

**Answer:** This number (often referred to as the EIN or Federal Tax ID) is a unique number issued by the IRS to each CSEA subordinate. Enter the **9-digit number** in the space provided in the following format: 12-3456789.

E Telephone number

**Answer:** Enter the **day-time number** for the person who will answer any questions the IRS may have on finances and/or the Form 990-EZ entries – usually the Treasurer.

F Group Exemption Number

**Answer:** Enter the number **'1002'** – all CSEA subordinates belong to CSEA's GEN.

G Accounting Method.

**Answer:** Most will mark the box for **'Cash'**. Cash basis means that you record revenue when it is received and expenses when they are paid. Accrual basis means that you record income and expense when it is earned or incurred, not physically received or paid.

H Check  if the organization is **not** required to attach Schedule B.

**Answer:** Subordinates are **NOT** required to attach a Schedule B, therefore, **check** the box.

I Website:

**Answer:** Enter the subordinate's website only if applicable, otherwise enter **'N/A'**.

J Tax-exempt status (check only one) -

**Answer:** **Check the second box** in front of 501(c)() and enter a **'5'** in the parenthesis following the (c). When completed, the Section should read ...  **501(c)( 5 )**.

K Form of Organization

**Answer:** Check  Association

L Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ . . . . .  \$

**Answer:** **FIRST** you must complete Part I, Revenue, Expenses, and Changes in Net Assets or Fund Balances. Take the lines as indicated above, add them together and enter the result in Line L. If the amount is less than \$200,000, then you qualify to use IRS Form 990-EZ. **If the amount is greater than \$200,000, then you must use Form 990 instead.** Please refer to the 1<sup>st</sup> paragraph of these instructions for information regarding filing Form 990.

**Part I** – Revenue, Expenses, and Changes in Net Assets or Fund Balances:

**BEFORE CONTINUING:** We recommend that you prepare CSEA’s Annual Financial Report before completing the Form 990 or 990-EZ.

Check if the organization used Schedule O to respond to any question in this Part I.....

Leave this check box blank for now – mark only if entries are made to lines 8, 10, 16 or 20.

**REVENUE****1** Contributions, Gifts, Grants

**Answer:** Any grants or gifts received should be entered here. Most will enter ‘0’.

**2** Program Services Revenue

**Answer:** Any amounts received as fees charged to members or subordinates to attend education conferences, or other meetings. Also, include any rents charged to subordinates. Most will enter ‘0’.

**3** Membership Dues and Assessments

**Answer:** Enter the total dues rebates received.

**4** Investment Income

**Answer:** Interest, dividends and similar items from savings, money markets or other investments.

**5a** Gross amount from sale of assets other than inventory

Any sale **other than** the sale of inventory is reported on line 5.

**Answer:** If you sold any property such as investments, building, furniture or other miscellaneous equipment, the proceeds should be entered here. Most will enter ‘0’.

**5b** Less: cost or other basis and sales expenses

**Answer:** Enter the amount recorded on the books as the carrying value of the assets sold. If the items were expensed when bought or fully depreciated, then the value is zero. This should agree with the detailed schedule. Most will enter ‘0’.

**5c** Gain or (loss) from sale of assets other than inventory

**Answer:** Subtract 5b from 5a.

**6** Gaming and fundraising events

Explanation: Form 990-EZ requires users to report gross revenues from gaming and fundraising, and direct gaming and fundraising expenses (including prizes paid). Consider using a tax return professional if there are significant amounts of fundraising or gaming income.

The net difference between revenues (6a and 6b) and costs (6c) is shown as the net income or loss (6d) from fundraising activities.

**6a** Gross income from gaming (attach Schedule G if greater than \$15,000)

**Answer:** Report **gross** revenue from activities such as bingo, pull tabs, poker and other card games, raffles, scratch-offs, casino/Las Vegas nights and coin operating gambling devices. If the union reported more than \$15,000 on line 6a, then Part III of Schedule G must be prepared as part of the Form 990-EZ.

**6b** Gross income from fundraising events (not including \$\_\_\_\_\_ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)

**Answer:** Report **gross** revenue from any **other** type of fundraising. For example, gross revenue from dinners, dances, carnivals, concerts, sports events, auctions and door to door sales of merchandise. (DO NOT include revenue from PEOPLE fundraising that is transmitted directly to PEOPLE or a PEOPLE bank account). If the union reported more than \$15,000 on line 6b, then Part II of Schedule G must be prepared as part of the Form 990-EZ.

**6c** Less: direct expenses from gaming and fundraising events

**Answer:** If income from gaming or fundraising events is recorded on lines 6a and/or 6b, the expenses associated with generating that income are recorded on Line 6c. Any costs associated with the events are to be combined and entered here except for fundraiser's fees; fundraiser's fees are reported on Line 13 "Professional fees".

**6d** Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)

**Answer:** Enter the result of line 6a plus line 6b minus line 6c.

**7a** Gross sales of inventory, less returns and allowances

**Answer:** Enter the **total sales proceeds** from any type of inventory item. Inventory items are goods the organization makes to sell to others or that it buys for resale such as jackets, t-shirts or other similar items. Include all inventory sales except sales of goods at fundraising events which are reported on line 6.

**7b** Less: cost of goods sold

**Answer:** Enter the **costs** of the items sold related to sales of such inventory (shown as income on Line 7a). The usual items included in costs of goods sold are labor, materials and supplies.

**7c** Gross profit or (loss) from sales of inventory (Subtract line 7b from 7a)

**Answer:** Enter the result of line 7a minus 7b.

**8** Other revenue (describe in **Schedule O**)

**Answer:** Include any income item not covered by one of the above descriptions. If you are uncertain about where an item belongs, then include it here. A list of the amounts and descriptions **must be provided on Schedule O**.

**9 Total revenue.** Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8

**Answer:** Enter the sum of 1, 2, 3, 4, 5c, 6d, 7c, and 8.

**BEFORE CONTINUING: RETURN TO ITEM L (above):**

**Add lines 5b, 6c, and 7b to line 9 to determine gross receipts and enter this amount where indicated**

### **EXPENSES**

**Note:** Refer to the “General Instructions for IRS Forms 990, 990-EZ and 990-N e-Postcard” **Additional Information** on page 4, Item # 8, included in this mailing.

**10** Grants and similar amounts paid (list in **Schedule O**)

**Answer:** The following types of payments should be included in here:

- Grant or gift paid to another CSEA affiliate
- Grant or gift paid to another union, charity or similar organization
- Education scholarships
- Hardship contributions or gifts
- Charitable donations

List in Schedule O – From the itemized list of the grants and similar amounts paid (those included on line 10) identify any entity or person that received in **excess of \$5,000** during the year. The following information **MUST** be shown on Schedule O for each recipient of more than \$5,000:

- Grantee name and address
- Type or reason for grant
- Amount given and if paid by cash or check
- Value of gift if given as property or other non-cash asset
- Relationship of the grantee to the union (ex: member, officer, affiliated union, none).

#### 11 Benefits paid to or for members

**Answer:** Examples of this type of expense are amounts paid for or paid to obtain insurance that provides death, sickness, hospitalization or disability benefits; unemployment compensation benefits; and other benefits such as member life insurance plan. Do not include the cost of employment-related benefits for paid employees of the subordinate. Most will enter '0'.

#### 12 Salaries, other compensation, and employee benefits

**Answer:** Enter the total salaries and wages paid to all officers and employees including compensation reported on Forms W-2 and 1099. Use this line only if you had employees or paid taxable allowances to officers. Include wages, payroll taxes and other benefit costs for employees and include any officer allowances (**honorariums**) on this line that were reported on IRS Form W-2 or 1099. Employee benefits include payroll taxes, health insurance, life insurance, pensions, etc.

#### 13 Professional fees and other payments to independent contractors

**Answer:** Enter the total amount of legal, accounting, auditing and other professional fees. Examples include payments to accountants, lawyers, arbitrators and other consultants.

#### 14 Occupancy, rent, utilities, and maintenance

**Answer:** Enter the total amount paid or incurred for the use of office space or other facilities including rent, mortgage interest, heat, light, power, phone and other utilities, outside janitorial services, real estate taxes, property insurance attributable to rental property and similar expenses (all costs associated with maintaining an office).

#### 15 Printing, publications, postage, and shipping

**Answer:** Enter the printing and related costs of producing the filing organization's own newsletters, leaflets, films and other informational materials as well as the cost of outside mailing services. Also include the cost of any purchased publications (magazines, newspapers, etc.) as well as all postage and shipping costs not reportable on lines 5b, 6c or 7b.

**16 Other expenses (describe in Schedule O)**

**Answer:** Prepare a list of any other expense(s) that do not fit into any of the above categories. Examples would be Region Dues and other affiliation fees, Officer Allowances not reported on 1099-NEC because they were under the \$600 threshold and expenses for meetings, conferences and conventions that were not reported on any of the above lines. Compute the total of this list and enter the amount on this line. A list of the amounts and descriptions **must be provided on Schedule O**.

**17 Total expenses.** Add Lines 10 through 16

**Answer:** Enter the sum of lines 10, 11, 12, 13, 14, 15 and 16.

## NET ASSETS

**Note:** Refer to the “General Instructions for IRS Forms 990, 990-EZ and 990-N e-Postcard” Additional Information on page 4, Item # 8 included in this mailing.

**18 Excess or (deficit) for the year (Subtract line 17 from line 9)**

**Answer:** This amount represents the net income or loss for the year. Enter the result of line 9 minus line 17. Show a negative amount, or a loss, in brackets ( ).



**STOP**

**Lines 19 & 21 should be completed AFTER you complete Part II Balance Sheets (lines 22 – 27) on page 2 of the 990-EZ, to ensure accurate figures.**

**19 Net assets or fund balances at beginning of year - from line 27, column (A). This must agree with end-of-year figure reported on prior year's return**

**Answer:** Line 19 **must match** the end-of-year amount reported to the IRS on the **previous year's Form 990-EZ line 21**. This figure should also match the 'Opening Balance' reported on your Financial Report.

**20 Other changes in net assets or fund balances (explain on Schedule O)**

**Answer:** Most will enter '0'. If changes were made in fund balances between the beginning and end of the organization's tax year that are not accounted for by the amount on line 18 (fund balances are affected by all income and expenses reported), enter the amount here and include an explanation on Schedule O. An example would be an adjustment of an earlier years' activity that was not recorded in lines 1 through 17.



**21** Net assets or fund balances at end of year. Combine lines 18 through 20

**Answer:** Enter the result of line 18 plus line 19 plus line 20. Line 21 **must match** Part II, line 27 column (B) on this year's return. This figure should also match the '**Closing Balance**' reported on your Financial Report.

## **Part II** – Balance Sheets:

Check if the organization used Schedule O to respond to any question in this Part II.....

Leave this check box blank for now – mark only if entries are made to lines 24 or 26.

**IMPORTANT:** Most CSEA subordinates are on a cash basis; therefore, the only balance sheet items are **assets** (balances in savings and checking) and fund balance (equal to assets). The amount of assets at the end of the year comes from CSEA's Annual Financial Report.

In addition, Part II contains two columns for the balance sheets: (A) **Beginning of year** and (B) **End of year**. If you prepared a Form 990-EZ last year, the amounts reported in column (A) on this year's 990-EZ **must be the same as the amounts reported in column (B) on last year's 990-EZ**.

**22** Cash, savings, and investments

**Answer:** Enter the reconciled total of all checking, savings and similar accounts for the beginning of the fiscal year in column (A) and the end of the fiscal year in column (B). The amount in column (A) should match the '**Opening Balance**' reported on the Financial Report and the amount in column (B) should match the '**Closing Balance**'.

**23** Land and buildings

**Answer:** Enter the value for land and buildings according to the amounts recorded on your books. If you recorded depreciation, enter the net asset value. Most will enter '**0**'.

**24** Other assets (describe on **Schedule O**)

**Answer:** Prepare a summary list of all other assets that were not included with lines 22 or 23. Examples of other assets include furniture, equipment, security deposits, dues receivable, and prepaid expenses. Enter the total of the listed other assets in line 24 and provide a summary schedule of the amounts with descriptions in an attached Schedule O. Most will enter '**0**'. If there is an entry on this line, go back and check the box at the top of this Part II.

**25 Total assets**

**Answer:** Add lines 22, 23 and 24 for each column and enter the total on line 25. The amount in column (A) should match the '**Opening Balance**' reported on the Financial Report and the amount in column (B) should match the '**Closing Balance**'.

**26 Total liabilities** (describe in **Schedule O**)

**Answer:** Prepare a summary list of all liabilities (examples include accounts payable, mortgages or other loans payable and deferred revenue or revenue received but not yet earned) and enter the total of the listed liabilities in line 26. Provide a summary schedule of the amounts with descriptions in the attached Schedule O. Most will enter '**0**'.



If there is an entry on this line, go back and check the box at the top of this Part II.

**27 Net assets or fund balances** (line 27 of column (B) **must** agree with line 21)

**Answer:** Enter the result of line 25 minus line 26. For most the amounts on line 27 in columns (A) and (B) are the same as the amounts on line 25. Line 27 column (A) must match line 19 (as well as the '**Opening Balance**' reported on the Financial Report) AND line 27 column (B) must match line 21 (as well as the '**Closing Balance**' reported on the Financial Report).

**Part III – Statement of Program Service Accomplishments:**

--- DO NOT LEAVE THIS SECTION BLANK ---

**IMPORTANT:** A labor union is only required to complete the *description* sections in Part III. Labor unions are not required to enter dollar amounts that correspond to the description of each activity for "Grants" or program "Expenses", therefore you should leave the dollar fields in Part III blank.

Because the information in Part III describes your union's mission, objectives and accomplishments, drafts of language for the entries to be reported on these lines may need to be reviewed and approved by your board.

**Check if the organization used Schedule O to respond to any question in this Part II.....**

Leave this check box blank for now – mark only if entries are made to line 31.

**What is the organization's primary exempt purpose?**

**Answer:** Describe briefly the organization's primary purpose. Examples include 'To improve and protect working conditions', 'Collective Bargaining', 'Contract Enforcement' and/or 'Member Services'.

**Lines 28, 29, and 30 – Describe the organization’s program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.**

**Answer:** Use the space provided in lines 28, 29 and 30 to describe the three largest program services (based on costs incurred, including estimates for staff costs and volunteer time spent on the major activities of the union).

Most will describe:

- attending the Annual Delegates Convention
- attending Workshops/Education programs, and
- holding Negotiations and/or processing Grievances.

Please include the following information:

- Use specific measurements such as # of members trained, # of sessions or events held, etc.
- Describe the activity’s objective for both the current year and long term.
- Give reasonable estimates for any statistical information if exact figures are not readily available (indicate if an estimate is used).
- List any other major program services on a supplemental schedule.

**EXAMPLES of responses include:**

- The union negotiated its contract covering 60 members. The objective of these contract negotiations is to provide members with improved working conditions, job protections, better benefits and higher wages.
- The union resolved 24 grievances, of which 10 went to arbitration. The objective of pursuing these grievances include: protecting workers’ jobs, improving working conditions and ensuring that contract terms are enforced.
- The union conducted 3 separate organizing campaigns. Some of these campaigns resulted in new contracts, others continue as ongoing campaigns. The objective of organizing campaigns is to increase member density resulting in improved bargaining strength and to expand union membership into new employers and organizations resulting in improved working conditions of people not yet covered by a union contract.
- Other programs include:
  - Member training in contract enforcement, organizing, and community outreach.
  - Conferences and conventions to ensure member involvement in governance, setting the mission of the union, and increasing member involvement.

**31 Other program services (describe in **Schedule O**)**

**Answer:** If your union had more than three major activity areas during the reporting year, list those additional activities on Schedule O. Most will not. If Schedule O is used to list other activities, go back and check the box at the top of this Part III.

**REMEMBER:** For lines 28-31 leave the (Grants \$ \_\_\_\_\_) blank and do not include any amounts for expenses in 28a, 29a, 30a, or 31a.

Also, do NOT mark the box for 'If this amount includes foreign grant, check here' .

32 Total program service expenses (add lines 28a through 31a)

**Answer:** Leave blank. Labor unions are not required to enter dollar values for these lines and we recommend that you leave these lines blank.

## **Part IV** – List of Officers, Directors, Trustees, and Key Employees:

Check if the organization used Schedule O to respond to any question in this Part IV.....

Form 990-EZ allows users to include an explanation on Schedule O to clarify any of the listed officer's compensation amounts such as a one-time, or unusual, amount – mark only if applicable.

**IMPORTANT:** Part IV REQUIRES a list of ALL officers, directors and key employees even if no compensation or allowances are paid. There is room for 12 persons to be listed; if more space is needed use, Schedule O to list the additional officers, and check the box at the top of 990-EZ, Part IV.

### (a) Name and Title

Enter the name of each officer in the top of each row and the officer's Title in the bottom of the row. If the officer retired, resigned or was elected out of office, use "former" in front of the title. The list should include the names of **any person who was an officer at any time during the FISCAL YEAR (Oct 2023 – Sep 2024)**, even if they were not an officer at year end.

### (b) Average hours per week devoted to position

Enter an estimate of the average hours per week the person devoted to the organization during the year. You **MUST** enter a number, Do **NOT** include statements such as "as needed," "as required," or "40+." Use the best estimate for each officer.

### (c) Reportable compensation (Forms W-2 / 1099-NEC)

All compensation reporting is based on the **CALENDAR** year ending with or within the organization's tax year. For CSEA subordinates this will be for the calendar year ended **12/31/2024**. Enter each officer's reportable compensation. Reportable compensation is the combined total of amounts required to be reported in box 1 or 5 of Form W-2 (whichever amount is greater) and/or amounts required to be reported in box 7 of Form 1099-NEC. If the organization did not file a Form 1099-NEC because the amounts paid were below the threshold for reporting, **include and report the amount actually paid to the officer.**

**(d) Health benefits, contributions to employee benefit plans, and deferred compensation**

Report any deferred compensation and benefits paid on behalf of members. Reasonable estimates can be used if precise cost figures are not readily available to determine column (d) amounts. **Most will leave column (d) blank.**

If the Region, Local or Unit pays any of these items, please refer to the IRS Form 990-EZ specific line-by-line instructions for more detailed information.

**(e) Estimated amount of other compensation**

Enter both taxable and nontaxable fringe benefits.

**Do NOT include** compensation already reported in columns (c) or (d) **or** the following:

1. Working condition fringe benefits described in section 132(d) of the Internal Revenue Code;
2. Expense reimbursements and allowances under an accountable plan described in Regulations section 1.62-2(c)(2). CSEA's *Financial Standards Code* requires that all expenses be documented using a CSEA travel voucher with supporting receipts and mileage rates equal to or less than the IRS rates; this constitutes an accountable plan and all affiliates must meet this requirement; therefore, expense reimbursements to officers generally should not be reported in column (e);
3. *De minimis* fringe benefits described in section 132(e) of the Internal Revenue Code.

**You MUST include** amounts that the recipient is required to report as income on their personal income tax returns such as:

1. Honoraria paid and/or time purchased from employers that was **not** reported on a Form W-2 or 1099-NEC;
2. Allowances paid in excess of CSEA rates;
3. Dues reimbursements;
4. The value of any personal use of an automobile provided by the subordinate.

**Part V – Other Information:**

Check if the organization used Schedule O to respond to any question in this Part V.....

Leave this check box blank for now – mark only if entries are made to lines 33, 34 or 35.

If a line is **NOT** applicable to a 501(c)(5) organization (labor unions), do not answer – leave the 'Yes' and 'No' boxes **blank**; for all other questions in this section mark the appropriate box.

**33** Did the organization engage in any significant activity not previously reported to the IRS? If “Yes,” provide a detailed description of each activity in Schedule O.

**Answer:** **Most will mark ‘No’** unless the subordinate has begun some unusual activity other than Union Activities (i.e., other than negotiating, handling grievances, representation, etc.). If so, mark ‘Yes’ and attach an explanation on Schedule O.

**34** Were any significant changes made to the organizing or governing documents? If “Yes,” attach a conformed copy of the amended documents if they reflect a change to the organization’s name. Otherwise, explain the change on Schedule O.

**Answer:** **Most will mark ‘No’** unless the subordinate made significant changes to the by-laws during the past year in which case mark ‘Yes’ and explain on Schedule O.

**35a** Did the organization have unrelated business income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?

**Answer:** If you **did not** report any amounts as income on lines 2, 6a, or 7a, mark ‘**No**’ and skip to Question 35c.

If you **did** report any amounts as income on lines 2, 6a or 7a you must determine whether that income is unrelated business income : refer to the supplement “Unrelated Business Income” that follows these 990-EZ instructions.

If the unrelated income is **less than \$1000**, mark ‘**No**’ on line 35a and proceed to line 35c.

If the total is **\$1000 or more**, mark ‘**Yes**’ on line 35a and proceed to line 35b.

**35b** If “Yes,” to line 35a, has the organization filed a Form 990-T for the year? If “No,” (have not filed a Form 990-T) provide an explanation in Schedule O.

**Answer:** If you answered ‘No’ to line 35a, leave blank. If you answered ‘Yes’ to line 35a and have filed a Form 990-T, mark ‘Yes’; if you have not completed a 990-T, mark ‘No’ and provide an explanation for not filing the 990-T on Schedule O.

**35c** Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting and proxy tax requirements?

**Answer:** **All mark ‘No’** – CSEA subordinates are not subject to section 6033(e).

**36** Did the organization undergo a liquidation, dissolution, termination, etc.?

**Answer:** **Most will mark ‘No’** unless the subordinate was merged into, or split off from another subordinate. If ‘Yes’, complete applicable parts of Schedule N (refer to IRS instructions).

**37a** Enter amount of political expenditures, direct or indirect.

**Answer:** **All must enter ‘0’**; Region, Local and Unit Constitutions **prohibit** political contributions.

**37b** Did the organization file Form 1120-POL?

**Answer:** All mark 'No'; a Form 1120-POL is used to report political contributions.

**38a** Did the organization borrow from, or make loans to, any officer, director, trustee or key employee or were such loans made in a prior year and still outstanding?

**Answer:** Enter the end-of-year unpaid balance of secured and unsecured loans made to or received from officers, directors, trustees, and key employees (as defined in Part IV).

**Most will mark 'No'.**

**38b** If "Yes," complete Schedule L, Part II and enter the total amount involved.

**Answer:** If the answer to 38a was 'No', then leave blank. If 38a was 'Yes', prepare Schedule L Part II and enter the total balance owed (column d) at year-end on line 38b.

**39** Section 501(c)(7) organizations. Enter:

- a Initiation fees and capital contributions included on line 9
- b Gross receipts, included on line 9, for public use of club facilities

**Answer:** Do not respond to either – these lines are not applicable to labor unions.

**40a** Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ \_\_\_\_\_; section 4912 ▶ \_\_\_\_\_; section 4955 ▶ \_\_\_\_\_

- b Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Form 990 or 990-EZ? If "Yes," complete Schedule L, Part I
- c Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶ \_\_\_\_\_
- d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization ▶ \_\_\_\_\_

**Answer:** Do not make an entry on lines 40a, c, and d and do not respond to line 40b; none of these lines are applicable to labor unions.

- e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T.

**Answer:** All must mark 'No'.

**41** List the states with which a copy of this return is filed. ▶ \_\_\_\_\_

**Answer:** Write 'NONE' on the line; a copy of the return is NOT required to be filed with New York or any other state.

**42a** The organization's books are in care of ▶ \_\_\_\_\_ Telephone no. ▶ \_\_\_\_\_  
 Located at ▶ \_\_\_\_\_ ZIP +4 ▶ \_\_\_\_\_

**Answer:** Enter the name of the person who **possesses the organization's books and records**. In most cases this is the Treasurer. Enter the address and phone number of either the Treasurer or the union office.

**b** At any time during the calendar year, did the organization have an interest in or signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?

**Answer:** For most this will be 'No' and therefore **leave blank** for "If Yes, enter the name of the foreign country: ▶ \_\_\_\_\_".

**c** At any time during the calendar year, did the organization maintain an office outside of the U.S.?

**Answer:** Most will mark 'No' and therefore **leave blank** for "If Yes, enter the name of the foreign country: ▶ \_\_\_\_\_".

**43** Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 – Check here....▶  and enter the amount of tax-exempt interest received or accrued during the tax year ▶ \_\_\_\_\_

**Answer:** Do not mark the box and leave the line blank; this line is not applicable to labor unions.

**44a** Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ.

**Answer:** Most will mark 'No' unless the Region, Local or Unit has an endowment fund; if applicable, refer to the detailed IRS instructions for more information.

**b** Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ.

**c** Did the organization receive any payments for indoor tanning services during the year?

**Answer:** All will mark 'No' for lines 44b and c.

**d** If "Yes," to line 44c, has the organization filed a Form 720 to report these payments? If "No," (did not file a Form 720) provide an explanation in Schedule O.

**Answer:** Do not respond; not applicable since 44c should have been marked 'No'.



**45a** Did the organization have a controlled entity within the meaning of section 512(b)(13)?

**Answer:** **Most will mark ‘No’** unless the Region, Local or Unit owns 50% or more of another organization that operates a trade or business – if so, you must contact a tax advisor; you cannot use the 990-EZ, you must complete the full 990 instead.

**45b** Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If “Yes,” Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions).

**Answer:** **Most will mark ‘No’** unless the Region, Local or Unit owns 50% or more of another organization that operates a trade or business – if so, you must contact a tax advisor; you cannot use the 990-EZ, you must complete the full 990 instead.

**46** Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If “Yes,” complete Schedule C, Part I.

**Answer:** If the union gave in-kind political contributions (use of phones, photocopies, rent free office space, etc.) **with no direct money expenditure**, then the answer to question 46 could be yes, even though line 37 is zero. If your organization made significant political expenditures and/or made in-kind political contributions with no direct money expenditure, advice from a tax accountant may be needed to properly answer this question and complete the required Schedule C.

**Part VI** – Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only.

**NONE** of the questions in Part VI are applicable to section 501(c)(5) labor unions.

**DO NOT RESPOND OR ENTER ANY INFORMATION ON LINES 47 – 52.**

**Commencing with the 2022-23 reporting period, Form 990-EZ must be submitted to the IRS ELECTRONICALLY.**

**CSEA recommends bringing your completed return to a Certified Tax Specialist or accessing one of the IRS-certified websites below:**

Recommended online E-filing websites for 990 or 990-EZ

**Form 990 Online**

<https://efile.form990.org/>

**TaxAct**

<https://www.taxact.com/business-taxes/download/tax-exempt-organization>

**ExpressTaxExempt**

<https://www.expresstaxexempt.com/>

**ProConnect Tax Online**

<https://proconnect.intuit.com/tax-online/>

**TaxSlayer Pro**

<https://www.taxslayerpro.com/>

**A complete list of IRS-certified websites can be accessed at  
**CSEANY.ORG** under Officer Resources:**

ANNUAL TAX REPORTING 2023-24 990 & 990-EZ E-Filers List

**Note that any fee charged is payable as a legitimate chargeable expense and can be recorded on CSEA Long Forms under Professional Services.**

**UNIT TREASURERS:**      **SEND a *COPY* of the 990-EZ return and electronic filing confirmation to your LOCAL Treasurer**

**LOCAL & REGION TREASURERS:**

**SEND *COPIES* of the Local's return, filing confirmation, and any Unit returns to the Statewide Treasurer's Office:**

**CSEA Statewide Treasurer  
143 Washington Ave.  
Albany, NY 12210**

**Or via email to:  
[connie.bonacquisti@cseainc.org](mailto:connie.bonacquisti@cseainc.org)**

**KEEP A COPY of your return in the Union's records.**

**SUPPLEMENTAL INFORMATION TO INSTRUCTIONS  
FOR PREPARING IRS 2023 FORMS 990 & 990-EZ**

**UNRELATED BUSINESS INCOME**

This information will provide assistance to CSEA subordinates answering the questions on IRS Forms 990 & 990-EZ regarding unrelated business income. Unrelated business income of nonprofit organizations is subject to income tax. This tax is imposed in order to keep nonprofit organizations from having an unfair competitive advantage over taxable enterprises involved in the same business. After reviewing these guidelines, you conclude that your organization does have unrelated business income, then you **MUST** complete an IRS Form 990-T and pay the appropriate income tax.

The IRS Publication 598 explains in detail about unrelated business income. By definition, unrelated business income is the income from a trade or business (any activity conducted for the production of income from selling goods or performing services) regularly conducted (has a frequency and continuity and is pursued in a manner similar to comparable commercial activities of nonexempt organizations) by an exempt organization and not substantially related to the performance by the organization of its exempt purpose or function (the activity does not contribute importantly to accomplishing the organizations exempt purpose), except that the organization uses the profits derived from this activity.

To determine whether you have unrelated business income:

1. If you reported income on IRS Form 990 or 990-EZ on any of the lines below for the types of income described, you are **REQUIRED** to determine whether the revenue was unrelated business income. If you did **NOT** report income on the IRS Form 990 or 990-EZ for any of the following descriptions and lines, you do not have unrelated business income.

| <b><u>Description</u></b>                  | <b><u>Line on 990:</u></b> | <b><u>Line on 990-EZ:</u></b> |
|--|----------------------------|-------------------------------|
| Gross rents                                | Part VIII 6a               | 8                             |
| Gross sales of assets other than inventory | Part VIII 7a               | 5a                            |
| Special events or activities               | Part VIII 8a & 9a          | 6a                            |
| Gross sales of inventory less returns      | Part VIII 10a              | 7a                            |
| Other revenue                              | Part VIII 11               | 8                             |

2. If you have income on IRS Form 990 or 990-EZ for any of the above lines for the types of income described and you conclude the income was NOT unrelated business income, then you must provide an explanation as to why you feel these items do **NOT** constitute unrelated business income on Schedule O.

Unrelated business income must meet the following three conditions:

- (a) The organization must be engaged in a trade or business.
- (b) The trade or business must be regularly carried on; that is how frequently the activity occurs and whether it is continuous.
- (c) The business must be unrelated to the tax-exempt function of the organization.

Examples of activities that could produce unrelated business income for a Labor Union include:

- Sales of advertising in the Union's newspaper.
- Providing insurance carriers with access to the member's deductions in exchange for a fee paid to the Union by the carrier.
- Fundraising events if they occur with sufficient frequency to be considered an ongoing trade that competes with for profit businesses (see non-taxable examples below) such as Travel Package Plans offered to members.
- Rental of property other than real estate.
- Rental of real estate (or certain office space) where the property is subject to a mortgage.
- Sales from soft drink and/or snack machines.

Examples of activities that do not produce unrelated business income for a Labor Union include:

- Sales of jackets or t-shirts to members that contain the Union's logo. These are directly related to the Union's exempt function. (Exempt Function Income)
- Activities that occur very infrequently, such as income producing fundraising lasting only a short period of time, if they occur only occasionally or sporadically. Such activities are not considered carried on frequently merely because they are conducted on an annually recurring basis, such as an annual dance for charity. (Exclusion Code #1)
- Sales of property or equipment that was used by the organization in pursuing its exempt function. (Exclusion Code #18)

### **Unrelated Business Income – excluded income**

Income received by the Union, other than direct exempt function income (dues, fees, etc.), must be reviewed and documented as to why it is not considered taxable, or else a Form 990-T will be required along with an income tax payment. This document is a supplement to the instructions for Part V line 35 of the 990EZ.

Reasons why income is not considered unrelated that will be applicable to CSEA subordinates are:

- Income is excluded because the activity is not regularly carried on
- Section 501(c)(5) organizations conducting an educational program
- Section 501(c)(5) organizations conducting a convention
- Dividends, interest, loans, etc.
- Real property rentals, subject to certain restrictions
- Certain rental of personal property
- Proceeds from the sales of investments
- Debt-Financed property, only if 85% of the property is used for the exempt function
- Operation sustains continuous losses

**Return of Organization Exempt From Income Tax**

**2023**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Do not enter social security numbers on this form, as it may be made public.

Go to [www.irs.gov/Form990EZ](http://www.irs.gov/Form990EZ) for instructions and the latest information.

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

**A** For the 2024 calendar year, or tax year beginning **October 1**, 2023 and ending **September 30**, 20, 2024

**B** Check if applicable:

- Address change
- Name change
- Initial return
- Final return/terminated
- Amended return
- Application pending

**C** Name of organization

**CSEA Local 0123 Sample Local**

Number and street (or P.O. box, if mail is not delivered to street address)

Room/suite

**500 North Street**

City or town, state or province, country, and ZIP or foreign postal code

**Anyplace, NY 10110-1234**

**D** Employer identification number

**27-1234567**

**E** Telephone number

**555-123-4567**

**F** Group Exemption Number

**1002**

**G** Accounting Method:  Cash  Accrual Other (specify) ▶

**H** Check  if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).

**I** Website: ▶

**J** Tax-exempt status (check only one) —  501(c)(3)  501(c) ( 5 ) ◀ (insert no.)  4947(a)(1) or  527

**K** Form of organization:  Corporation  Trust  Association  Other

**L** Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets

(Part II, column (B)) are \$500,000 or more, file Form 990 instead of Form 990-EZ . . . . . ▶ \$ **65,237**

**Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances** (see the instructions for Part I)

Check if the organization used Schedule O to respond to any question in this Part I . . . . .

|   |   | 1 | 2 | 3 | 4 | 5a | 5b | 5c | 6a | 6b | 6c | 6d | 7a | 7b | 7c | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 |  |  |  |  |
|---|---|---|---|---|---|----|----|----|----|----|----|----|----|----|----|---|---|----|----|----|----|----|----|----|----|----|----|----|----|--|--|--|--|
| Revenue   | <b>1</b> Contributions, gifts, grants, and similar amounts received . . . . .   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |   |   |    |    |    |    |    |    |    |    |    |    |    |    |  |  |  |  |
|   | <b>2</b> Program service revenue including government fees and contracts . . . . .  |   |   |   |   |    |    |    |    |    |    |    |    |    |    |   |   |    |    |    |    |    |    |    |    |    |    |    |    |  |  |  |  |
|   | <b>3</b> Membership dues and assessments . . . . .  |   |   |   |   |    |    |    |    |    |    |    |    |    |    |   |   |    |    |    |    |    |    |    |    |    |    |    |    |  |  |  |  |
|   | <b>4</b> Investment income . . . . .  |   |   |   |   |    |    |    |    |    |    |    |    |    |    |   |   |    |    |    |    |    |    |    |    |    |    |    |    |  |  |  |  |
|   | <b>5a</b> Gross amount from sale of assets other than inventory . . . . .   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |   |   |    |    |    |    |    |    |    |    |    |    |    |    |  |  |  |  |
|   | <b>b</b> Less: cost or other basis and sales expenses . . . . .   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |   |   |    |    |    |    |    |    |    |    |    |    |    |    |  |  |  |  |
|   | <b>c</b> Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) . . . . .  |   |   |   |   |    |    |    |    |    |    |    |    |    |    |   |   |    |    |    |    |    |    |    |    |    |    |    |    |  |  |  |  |
|   | <b>6</b> Gaming and fundraising events:   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |   |   |    |    |    |    |    |    |    |    |    |    |    |    |  |  |  |  |
|   | <b>a</b> Gross income from gaming (attach Schedule G if greater than \$15,000) . . . . .  |   |   |   |   |    |    |    |    |    |    |    |    |    |    |   |   |    |    |    |    |    |    |    |    |    |    |    |    |  |  |  |  |
|   | <b>b</b> Gross income from fundraising events (not including \$ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000) . . . . . |   |   |   |   |    |    |    |    |    |    |    |    |    |    |   |   |    |    |    |    |    |    |    |    |    |    |    |    |  |  |  |  |
| <b>c</b> Less: direct expenses from gaming and fundraising events . . . . .   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |   |   |    |    |    |    |    |    |    |    |    |    |    |    |  |  |  |  |
| <b>d</b> Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) . . . . . |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |   |   |    |    |    |    |    |    |    |    |    |    |    |    |  |  |  |  |
| <b>7a</b> Gross sales of inventory, less returns and allowances . . . . .   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |   |   |    |    |    |    |    |    |    |    |    |    |    |    |  |  |  |  |
| <b>b</b> Less: cost of goods sold . . . . .   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |   |   |    |    |    |    |    |    |    |    |    |    |    |    |  |  |  |  |
| <b>c</b> Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) . . . . .                     |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |   |   |    |    |    |    |    |    |    |    |    |    |    |    |  |  |  |  |
| <b>8</b> Other revenue (describe in Schedule O) . . . . .   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |   |   |    |    |    |    |    |    |    |    |    |    |    |    |  |  |  |  |
| <b>9 Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 . . . . . ▶   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |   |   |    |    |    |    |    |    |    |    |    |    |    |    |  |  |  |  |
| Expenses  | <b>10</b> Grants and similar amounts paid (list in Schedule O) . . . . .  |   |   |   |   |    |    |    |    |    |    |    |    |    |    |   |   |    |    |    |    |    |    |    |    |    |    |    |    |  |  |  |  |
|   | <b>11</b> Benefits paid to or for members . . . . .   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |   |   |    |    |    |    |    |    |    |    |    |    |    |    |  |  |  |  |
|   | <b>12</b> Salaries, other compensation, and employee benefits . . . . .   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |   |   |    |    |    |    |    |    |    |    |    |    |    |    |  |  |  |  |
|   | <b>13</b> Professional fees and other payments to independent contractors . . . . .   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |   |   |    |    |    |    |    |    |    |    |    |    |    |    |  |  |  |  |
|   | <b>14</b> Occupancy, rent, utilities, and maintenance . . . . .   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |   |   |    |    |    |    |    |    |    |    |    |    |    |    |  |  |  |  |
|   | <b>15</b> Printing, publications, postage, and shipping . . . . .   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |   |   |    |    |    |    |    |    |    |    |    |    |    |    |  |  |  |  |
|   | <b>16</b> Other expenses (describe in Schedule O) . . . . .   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |   |   |    |    |    |    |    |    |    |    |    |    |    |    |  |  |  |  |
| <b>17 Total expenses.</b> Add lines 10 through 16 . . . . . ▶   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |   |   |    |    |    |    |    |    |    |    |    |    |    |    |  |  |  |  |
| Net Assets  | <b>18</b> Excess or (deficit) for the year (Subtract line 17 from line 9) . . . . .   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |   |   |    |    |    |    |    |    |    |    |    |    |    |    |  |  |  |  |
|   | <b>19</b> Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) . . . . .  |   |   |   |   |    |    |    |    |    |    |    |    |    |    |   |   |    |    |    |    |    |    |    |    |    |    |    |    |  |  |  |  |
|   | <b>20</b> Other changes in net assets or fund balances (explain in Schedule O) . . . . .  |   |   |   |   |    |    |    |    |    |    |    |    |    |    |   |   |    |    |    |    |    |    |    |    |    |    |    |    |  |  |  |  |
|   | <b>21</b> Net assets or fund balances at end of year. Combine lines 18 through 20 . . . . . ▶   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |   |   |    |    |    |    |    |    |    |    |    |    |    |    |  |  |  |  |

For Paperwork Reduction Act Notice, see the separate instructions.

Cat. No. 106421

Form **990-EZ** (2018)



Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V.) Check if the organization used Schedule O to respond to any question in this Part V .

|     |  | Yes        | No                                  |
|-----|--|------------|-------------------------------------|
| 33  | Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O . . . . .  |            | <input checked="" type="checkbox"/> |
| 34  | Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions) . . . . .   |            | <input checked="" type="checkbox"/> |
| 35a | Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)? . . . . .   |            | <input checked="" type="checkbox"/> |
| b   | If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O . . . . .  |            | <input checked="" type="checkbox"/> |
| 35b |  |            | <input checked="" type="checkbox"/> |
| c   | Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III . . . . .   |            | <input checked="" type="checkbox"/> |
| 35c |  |            | <input checked="" type="checkbox"/> |
| 36  | Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N . . . . .  |            | <input checked="" type="checkbox"/> |
| 36  |  |            | <input checked="" type="checkbox"/> |
| 37a | Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ <b>37a</b>  |            |                                     |
| b   | Did the organization file Form 1120-POL for this year? . . . . .   |            | <input checked="" type="checkbox"/> |
| 37b |  |            | <input checked="" type="checkbox"/> |
| 38a | Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? . . . . .   |            | <input checked="" type="checkbox"/> |
| 38a |  |            | <input checked="" type="checkbox"/> |
| b   | If "Yes," complete Schedule L, Part II and enter the total amount involved . . . . .   | <b>38b</b> |                                     |
| 39  | Section 501(c)(7) organizations. Enter:  |            |                                     |
| a   | Initiation fees and capital contributions included on line 9 . . . . .   | <b>39a</b> |                                     |
| b   | Gross receipts, included on line 9, for public use of club facilities . . . . .  | <b>39b</b> |                                     |
| 40a | Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ _____ ; section 4912 ▶ _____ ; section 4955 ▶ _____   |            |                                     |
| b   | Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I . . . . .  | <b>40b</b> | <input checked="" type="checkbox"/> |
| c   | Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 . . . . .   |            |                                     |
| d   | Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization . . . . .   |            |                                     |
| e   | All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T . . . . .   | <b>40e</b> | <input checked="" type="checkbox"/> |
| 41  | List the states with which a copy of this return is filed ▶ None   |            |                                     |
| 42a | The organization's books are in care of ▶ <u>Sally Robinson, Treasurer</u> Telephone no. ▶ <u>(555) 334-7699</u><br>Located at ▶ <u>23 West Drive, Someplace, NY</u> ZIP + 4 ▶ <u>11111-1234</u>   |            |                                     |
| b   | At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?<br>If "Yes," enter the name of the foreign country: ▶ _____<br>See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). | <b>42b</b> | <input checked="" type="checkbox"/> |
| c   | At any time during the calendar year, did the organization maintain an office outside the United States?<br>If "Yes," enter the name of the foreign country: ▶ _____   | <b>42c</b> | <input checked="" type="checkbox"/> |
| 43  | Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here . . . . . ▶ <input type="checkbox"/><br>and enter the amount of tax-exempt interest received or accrued during the tax year . . . . . ▶ <b>43</b>  |            |                                     |
| 44a | Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ . . . . .   | <b>44a</b> | <input checked="" type="checkbox"/> |
| b   | Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ . . . . .  | <b>44b</b> | <input checked="" type="checkbox"/> |
| c   | Did the organization receive any payments for indoor tanning services during the year? . . . . .   | <b>44c</b> | <input checked="" type="checkbox"/> |
| d   | If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O . . . . .  | <b>44d</b> |                                     |
| 45a | Did the organization have a controlled entity within the meaning of section 512(b)(13)? . . . . .  | <b>45a</b> | <input checked="" type="checkbox"/> |
| b   | Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions) . . . . .   | <b>45b</b> | <input checked="" type="checkbox"/> |



|    |  |     |                                     |
|----|--|-----|-------------------------------------|
| 46 | Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I . . . . . | Yes | No                                  |
|    |  | 46  | <input checked="" type="checkbox"/> |

**Part VI Section 501(c)(3) organizations only**

All section 501(c)(3) organizations must answer questions 47-49b and 52, and complete the tables for lines 50 and 51.

Check if the organization used Schedule O to respond to any question in this Part VI

|     |  |     |    |
|-----|--|-----|----|
| 47  | Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II . . . . .   | Yes | No |
|     |  | 47  |    |
| 48  | Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E . . . . .   | 48  |    |
| 49a | Did the organization make any transfers to an exempt non-charitable related organization? . . . . .  | 49a |    |
| b   | If "Yes," was the related organization a section 527 organization? . . . . .   | 49b |    |
| 50  | Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees, and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None." |     |    |

|  | (c) Reportable compensation (Forms W-2/1099-MISC) | (e) Estimated amount of other compensation |
|--|---|--|
|  |   |  |
|  |   |  |
|  |   |  |
|  |   |  |
|  |   |  |
|  |   |  |
|  |   |  |
|  |   |  |
|  |   |  |

SAMPLE

f Total number of other employees paid over \$100,000 . . . . .

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

|  | (b) Type of service | (c) Compensation |
|--|---------------------|------------------|
|  |                     |                  |
|  |                     |                  |
|  |                     |                  |
|  |                     |                  |
|  |                     |                  |
|  |                     |                  |
|  |                     |                  |
|  |                     |                  |
|  |                     |                  |

d Total number of other independent contractors each receiving over \$100,000 . . . . .

52 Did the organization complete Schedule A? **Note:** All section 501(c)(3) organizations must attach a completed Schedule A . . . . .

**Sign Here**  Signature of officer  
 SALLY ROBINSON, TREASURER

**Paid Preparer Use Only**

Firm's address  Firm's EIN

May the IRS discuss this return with the preparer shown above? See instructions  Yes  No

SCHEDULE O  
(Form 990 or 990-EZ)

**Supplemental Information to Form 990 or 990-EZ**  
Complete to provide information for responses to specific questions on  
Form 990 or 990-EZ or to provide any additional information.

OMB No. 1545-0047

2023

Open to Public

Department of the Treasury  
Internal Revenue Service

▶ Attach to Form 990 or 990-EZ.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

Name of the organization

Employer identification number

SAMPLE

**CSEA LOCAL 1000  
CSEA / AFL-CIO  
143 WASHINGTON AVENUE, ALBANY, NEW YORK 12210**

**M E M O R A N D U M**

**TO: REGION, LOCAL AND UNIT TREASURERS**  
**FROM: NICOLE MEEKS, STATEWIDE TREASURER**  
**DATE: OCTOBER 2024**  
**SUBJ: Public Disclosure Regulations for IRS Forms 990 & 990-EZ**

**GENERAL**

Federal laws require any tax exempt entity that files an IRS Form 990 or 990-EZ to comply with regulations that allow the organization's members, as well as any member of the general public, the right to inspect the organization's Forms 990 or 990-EZ. An exact copy of each Form 990 or 990-EZ that your union filed with the IRS during the last three years must be made available for public inspection upon request. This three year period starts from the later of the due dates of IRS Form 990 or 990-EZ, or the date when the form was actually submitted to the IRS.

The copy of Form 990 or 990-EZ made available to the public under these disclosure rules must be an **exact copy of the form as it was filed with the IRS**, including all schedules and exhibits. You are not required to disclose Form 990-T if your union files one. The Federal regulations requiring public disclosure of IRS Forms 990 or 990-EZ allow the IRS to assess penalties against any organization that does not comply with the regulations. Failure to make the required copies of Form 990 or 990-EZ publicly available, or failure to adequately respond to a valid request for a copy of Form 990 or 990-EZ, may subject your union to significant tax penalties.

You should establish formal written policies needed to ensure compliance with these rules. Your administrative staff and professionals in any office having three or more employees should be made aware of these policies.

These public disclosure rules do not apply to Locals or Units that report to the IRS using the Form 990-N e-Postcard.

**PENALTIES**

**The IRS can impose a penalty of \$20 per day, up to a maximum of \$10,000, for each failure to provide a copy of the annual information return.**

## Public Disclosure Regulations OCTOBER 2024

### Forms to disclose

Any original or amended IRS Form 990 or 990-EZ that the union submitted to the IRS, that had a **due date or was filed in the last three years**, must be available for public inspection. You do not have to disclose a Form 990-T or the schedule of contributors to the union.

### Where must the forms be available for review?

The union must make copies of the required Form 990 or 990-EZ available for inspection **at each office that has three (3) or more employees**. **If you do not have an office, you must provide a reasonable location for the inspection**. You may also mail copies of the forms to the requestor or email the forms as an attachment.

### How does a valid request need to be made?

A valid request can be made **in person or by mail**. A written request for a copy of the Form 990 or 990-EZ can be submitted by mail, email, fax or private delivery service. The union is **not** required to honor a telephone request for a copy of the Form 990 or 990-EZ.

### What limits can the union set on how the forms are provided for review?

- The union must allow any person who makes a request to inspect the Form 990 or 990-EZ an **opportunity to inspect** the forms in the union's office during normal business hours.
- The person conducting the inspection of the Form 990 or 990-EZ must be allowed to take notes freely during the inspection.
- If the person inspecting the Form 990 or 990-EZ brings their own photocopying equipment with them, the union must allow that person to make a photocopy of the forms at no charge.
- The union may have a person in the room during inspection.
- The union may not charge a fee for the public inspection of their Form 990 or 990-EZ.
- The union may **charge for certain costs incurred in providing a copy** of the Form 990 or 990-EZ: the union may charge for actual postage costs and the union may charge \$.20 per page for making photocopies.

### How quickly must the union provide a photocopy of the forms to the requestor?

If the union receives an **in-person request for copies** of its Form 990 or 990-EZ, the union must provide copies of the return during regular business hours on the day the request is made. If unusual circumstances exist such that fulfilling the request on the same business day would place an unreasonable burden on the union, the union may provide the copies no later than the next business day following the day that the unusual circumstances cease to exist, but not later than the fifth business day after the request.

All **written requests for copies** of the Form 990 or 990-EZ must be honored. A written request for a copy of the Form 990 or 990-EZ can be submitted by mail, email, fax or private delivery service. The union must mail a copy of the Form 990 or 990-EZ within thirty (30) days from the date of the request or from receipt of payment if a fee is charged for copies. (Refer to the additional rules provided regarding charges for postage, copies and other applicable time limits).

## **Public Disclosure Regulations OCTOBER 2024**

### **Can the union post a copy of the forms on their website as their public disclosure?**

The Public Disclosure rules can change for unions that make their **Form 990 or 990-EZ available on the internet**. The union's forms must meet rules for being "widely available" on the internet as defined by the IRS regulations. Rather than providing copies of Form 990 or 990-EZ to individuals requesting copies, the union can refer the requestor to the location on the internet where they can obtain a copy. Please note that even if the union makes its 990s widely available on the internet, it must nonetheless honor a request by an individual to inspect the 990s at the union's office (or, if no office, a reasonable location).

### **What policies and procedures should be established to comply with disclosure requirements?**

Each Region, Local and Unit required filing a Form 990 or 990-EZ should establish policies for complying with the public disclosure of their Form 990 or 990-EZ. These policies should define what fees, if any, will be charged for providing a copy of the forms and employees in offices having three or more employees should be advised of these policies and how to comply with them.

### **Do we need to provide a copy of the union's tax exemption letter?**

Public disclosure rules also require you to make available on request, a copy of the union's tax exemption application and any letter or document issued by the IRS concerning such exemption. Any organization that filed an application prior to July 15, 1987 is not required to provide a copy of that application; however, the IRS letter approving the tax exempt status may still be requested under these public disclosure rules. A copy of CSEA's group exemption letter dated August 18, 1947 is available if needed.

Each year, CSEA is required to provide the IRS with a list of the Regions, Locals and Units that are covered under CSEA's group exemption ruling (SGRI - Supplemental Group Ruling Information). Under some interpretations of these rules, an excerpt of SGRI information, limited to only the data about your union, may also be subject to public disclosure rules.

If your Region, Local or Unit receives a request to review the information reported under CSEA's group exemption that relates to your union's tax exemption, please contact the CSEA Statewide Treasurer (518) 257-1256 or the CSEA Internal Audit Department at (518) 257-1333 immediately for assistance.

### IRS Annual Lease Value Table

| Automobile<br>Fair Market Value (FMV) | Annual Lease Value |
|---------------------------------------|--------------------|
| \$0 to 999                            | \$600              |
| 1,000 to 1,999                        | 850                |
| 2,000 to 2,999                        | 1,100              |
| 3,000 to 3,999                        | 1,350              |
| 4,000 to 4,999                        | 1,600              |
| 5,000 to 5,999                        | 1,850              |
| 6,000 to 6,999                        | 2,100              |
| 7,000 to 7,999                        | 2,350              |
| 8,000 to 8,999                        | 2,600              |
| 9,000 to 9,999                        | 2,850              |
| 10,000 to 10,999                      | 3,100              |
| 11,000 to 11,999                      | 3,350              |
| 12,000 to 12,999                      | 3,600              |
| 13,000 to 13,999                      | 3,850              |
| 14,000 to 14,999                      | 4,100              |
| 15,000 to 15,999                      | 4,350              |
| 16,000 to 16,999                      | 4,600              |
| 17,000 to 17,999                      | 4,850              |
| 18,000 to 18,999                      | 5,100              |
| 19,000 to 19,999                      | 5,350              |
| 20,000 to 20,999                      | 5,600              |
| 21,000 to 21,999                      | 5,850              |
| 22,000 to 22,999                      | 6,100              |
| 23,000 to 23,999                      | 6,350              |
| 24,000 to 24,999                      | 6,600              |
| 25,000 to 25,999                      | 6,850              |
| 26,000 to 27,999                      | 7,250              |
| 28,000 to 29,999                      | 7,750              |
| 30,000 to 31,999                      | 8,250              |
| 32,000 to 33,999                      | 8,750              |
| 34,000 to 35,999                      | 9,250              |
| 36,000 to 37,999                      | 9,750              |
| 38,000 to 39,999                      | 10,250             |
| 40,000 to 41,999                      | 10,750             |
| 42,000 to 43,999                      | 11,250             |
| 44,000 to 45,999                      | 11,750             |
| 46,000 to 47,999                      | 12,250             |
| 48,000 to 49,999                      | 12,750             |
| 50,000 to 51,999                      | 13,250             |
| 52,000 to 53,999                      | 13,750             |
| 54,000 to 55,999                      | 14,250             |
| 56,000 to 57,999                      | 14,750             |
| 58,000 to 59,999                      | 15,250             |

For automobiles with a FMV of more than \$59,999, the annual lease value is calculated as follows:  
(0.25 × the FMV of the automobile) + \$500

*From: IRS Publication 15-B (2024); Table 3.1*